| Chapter you are filing under: | |
|-------------------------------|---------------------------------------|
| ☐ Chapter 7 | |
| ☐ Chapter 11 | |
| ☐ Chapter 12 | |
| ■ Chapter 13 | ☐ Check if this an amended filing |
| | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Gerald First name S. Middle name Bergold Last name and Suffix (Sr., Jr., II, III) | Nancy First name C. Middle name Bergold Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0325 | xxx-xx-2553 |

| | otor 1 Gerald S. Ber otor 2 Nancy C. Ber | | Case number (if known) |
|----|---|---|---|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names Employer Identificati Numbers (EIN) you h used in the last 8 year | on ave I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names a doing business as name | () | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 12 Bentley Road | If Debtor 2 lives at a different address: |
| | | Plainview, NY 11803 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | • | Number, Street, City, State & ZIP Code |
| | | Nassau County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosin this district to file for bankruptcy | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Debtor 2 | | | | Case number (if known) | | | |
|---|--|---|--|---|--------------------------|--|--|
| | | | | | | | |
| Part 2: Tell the Court About | Your Bankruptcy C | ase | | | | | |
| 7. The chapter of the Bankruptcy Code you are | Check one. (For a (Form 2010)). Also | | ach, see <i>Notice Required by</i> e 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box. | | | |
| choosing to file under | ☐ Chapter 7 | | | | | | |
| | ☐ Chapter 11 | | | | | | |
| | ☐ Chapter 12 | | | | | | |
| | ■ Chapter 13 | | | | | | |
| 8. How you will pay the fee | about how y order. If you a pre-printe | ou may pay. Typically or attorney is submittind d address. | y, if you are paying the fee your gour payment on your beh | ck with the clerk's office in your local court for more deta ourself, you may pay with cash, cashier's check, or mon alf, your attorney may pay with a credit card or check wi | ey th | | |
| | | ay the fee in installm Fee in Installments (Of | | on, sign and attach the Application for Individuals to Pay | / | | |
| | ☐ I request the but is not re that applies | nat my fee be waived quired to, waive your to your family size an | (You may request this option fee, and may do so only if you do you are unable to pay the | n only if you are filing for Chapter 7. By law, a judge magur income is less than 150% of the official poverty line fee in installments). If you choose this option, you must Official Form 103B) and file it with your petition. | | | |
| | | | | | | | |
| 9. Have you filed for bankruptcy within the | ■ No. | | | | | | |
| last 8 years? | ☐ Yes. District | • | When | Case number | | | |
| | District | | | Case number Case number | | | |
| | District | | When | Case number | | | |
| | | | | | | | |
| 10. Are any bankruptcy cases pending or being | ■ No | | | | | | |
| filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | Debtor | | | Relationship to you | | | |
| | District | · | When | Case number, if known | | | |
| | Debtor | | | Relationship to you | | | |
| | District | · | When | Case number, if known | | | |
| 11. Do you rent your | ■ No. Go to | line 12. | | | | | |
| residence? | ☐ Yes. Has y | our landlord obtained | an eviction judgment agains | t you? | | | |
| | | No. Go to line 12. | _ | | | | |
| | | Yes. Fill out <i>Initial</i> Sthis bankruptcy peti | | Judgment Against You (Form 101A) and file it as part of | : | | |
| residence? | Yes. Has y | our landlord obtained No. Go to line 12. Yes. Fill out <i>Initial</i> S | Statement About an Eviction | |) and file it as part of | | |

| Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time business? No. Go to Part 4. Yes. Name and location of business A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Number, Street, City, State & IP Code Number, Street, City, State & IP Code Number, Street, City, State & IP Code Number, Street & City, State & CIP Code Number, Street & City Code Number, Street & City Code Number, Stre | |
|--|------------|
| 12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Name of business, if any Name of business Name of busine | |
| of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Name of business, if any Name of business are in any Name of bus | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set an deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, starting the set and the | |
| sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filling under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate box to describe your business: Check the appropriate box to describe your business: Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(6)) None of the above | |
| Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set applications of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, starting the court must know whether you must attach your most recent balance sheet, starting the court must know whether you must attach your most recent balance sheet, starting the court must know whether you must attach your most recent balance sheet, starting the court must know whether you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor. | |
| Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set agree the chapter 11 of the | |
| Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can set applications of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor. | |
| Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can set agreement that the court must know whether you are a small business debtor, you must attach your most recent balance sheet, state that you are a small business debtor, you must attach your most recent balance sheet, state that you are a small business debtor, you must attach your most recent balance sheet, state that you are a small business debtor, you must attach your most recent balance sheet, state that you are a small business debtor, you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, state that you are a small business debtor you must attach your most recent balance sheet, and you will be a small business debtor you are a | |
| None of the above 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can set as deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stated to the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stated to the deadlines. | |
| 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appeared to deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor, you must attach your most recent balance sheet, starting the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor so that it can set appeared to the court must know whether you are a small business debtor. | |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, sta | |
| you a small business in 11 U.S.C. 1116(1)(B). debtor? | atement of |
| ■ No. I am not filing under Chapter 11. For a definition of s <i>mall</i> | |
| business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Baccode. | ankruptcy |
| ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankrup | ptcy Code. |
| Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention | |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and What is the hazard? ■ No. What is the hazard? | |
| identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed? | |
| For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? | |
| Number, Street, City, State & Zip Code | |

| Deb | tor 2 Nancy C. Bergold | | | | | Case number (if known) |
|-----|---|-------|--|---|-----|---|
| art | 5: Explain Your Efforts t | to Re | eceive a Briefing About Credit Counseling | | | |
| | | | out Debtor 1: | | | out Debtor 2 (Spouse Only in a Joint Case): |
| 5. | Tell the court whether you have received a briefing about credit counseling. | You | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | You | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. |
| | The law requires that you receive a briefing about credit counseling before | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. |
| | you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. |
| | file. If you file anyway, the court can dismiss your case, you | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. |
| | will lose whatever filing fee you paid, and your creditors can begin collection activities again. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |
| | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for | | | To ask for a 30-day temporary waiver of the requirement attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |
| | | | bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is | | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. |
| | | | dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you | | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |
| | | | developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted | | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| | | | only for cause and is limited to a maximum of 15 days. | | | |
| | | | I am not required to receive a briefing about credit counseling because of: | | | I am not required to receive a briefing about credit counseling because of: |
| | | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | , | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |
| | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |
| | | | Active duty. I am currently on active military duty in a military combat zone. | | | Active duty. I am currently on active military duty in a military combat zone. |
| | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waive of credit counseling with the court. |

| | tor 1 Gerald S. Bergold tor 2 Nancy C. Bergold | | | | Case num | nber (if known) | |
|------|---|--------------------|---|-------------------------------|-----------------------------------|---|-----------|
| Part | 6: Answer These Questi | ons for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consindividual primarily for a persona | | | lefined in 11 U.S.C. § 101(8) as "incur | red by an |
| | • | | ☐ No. Go to line 16b. | , | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busing money for a business or investment. | | | | |
| | | | ☐ No. Go to line 16c. | 3 | • | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe | that are not consu | umer debts or busi | ness debts | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. | Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. Do expenses are paid that funds wi | | | roperty is excluded and administrative red creditors? | ; |
| | property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | □ No | | | | |
| | | | ☐ Yes | | | | |
| 18. | | ■ 1-49 | | 1 ,000-5,000 | 0 | 25,001-50,000 | |
| | 3. How many Creditors do you estimate that you owe? | □ 50-99 |) | <u> </u> | | <u> </u> | |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,0 | 000 | ☐ More than100,000 | |
| 19. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | |
| | estimate your assets to | | 01 - \$100,000 | | 1 - \$50 million | □ \$1,000,000,001 - \$10 billion | on |
| | be worth? | | ,001 - \$500,000 | | 1 - \$100 million | □ \$10,000,000,001 - \$50 bill | lion |
| | | \$ 500, | ,001 - \$1 million | □ \$100,000,0 | 01 - \$500 million | ☐ More than \$50 billion | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | |
| | estimate your liabilities to be? | □ \$50,0 | 001 - \$100,000 | ☐ \$10,000,001 - \$50 million | | □ \$1,000,000,001 - \$10 billi | |
| | to be: | | ,001 - \$500,000 | | 11 - \$100 million | □ \$10,000,000,001 - \$50 bi | llion |
| | | □ \$500, | 0,001 - \$1 million ☐ \$100,0 | | 01 - \$500 million | ☐ More than \$50 billion | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have ex | camined this petition, and I declar | re under penalty of | perjury that the inf | formation provided is true and correct. | |
| | | | | | | ble, under Chapter 7, 11,12, or 13 of t I choose to proceed under Chapter 7. | |
| | | | orney represents me and I did not nt, I have obtained and read the n | | | not an attorney to help me fill out this | ; |
| | | I request | t relief in accordance with the cha | apter of title 11, Uni | ited States Code, s | specified in this petition. | |
| | | | tcy case can result in fines up to \$ | | | ey or property by fraud in connection v 20 years, or both. 18 U.S.C. §§ 152, 1 | |
| | | | ald S. Bergold | | /s/ Nancy C. E | | |
| | | | S. Bergold e of Debtor 1 | | Nancy C. Berg Signature of Del | | |
| | | Executed | d on May 17, 2018 | | Executed on N | May 17, 2018 | |
| | | | MM / DD / YYYY | | | MM / DD / YYYY | |
| | | | | | | | |

| Debtor 1 Debtor 2 | Nancy C. Bergold | | Case | e number (if known) |
|----------------------|--|--|---|---|
| | | | | |
| • | attorney, if you are ed by one | under Chapter 7, 11, 12, or 13 of title 11, Unifor which the person is eligible. I also certify | ted States Code, and have e that I have delivered to the o | |
| • | not represented by ey, you do not need s page. | 342(b) and, in a case in which § 707(b)(4)(D in the schedules filed with the petition is income the schedules filed with the petition is income. | | o knowledge after an inquiry that the information |
| | | /s/ Richard L. Stern Signature of Attorney for Debtor | Date | May 17, 2018 MM / DD / YYYY |
| | | Richard L. Stern Printed name | | |
| | | Richard L. Stern, PC | | |
| | | 2950 Express Drive South Suite 109 Islandia, NY 11749 | | |
| | | Number, Street, City, State & ZIP Code Contact phone 631-549-7900 | Email address | |
| | | 11-7671938 NY Bar number & State | Email address | |
| | | Dai Humber & State | | |

| Fill | n this information to identify your case: | | |
|----------------------|--|--------------|-----------------|
| Deb | | | |
| Den | First Name Middle Name Last Name | | |
| Deb | | | |
| (Spot | se if, filing) First Name Middle Name Last Name | | |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | |
| Cas | number | | |
| (if kno | mn) | ☐ Check | if this is an |
| | | amen | ded filing |
| Sul Be a infor | icial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page. | or supplyi | |
| Part | | | |
| | | Your a | ecote |
| | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 446,947.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 86,292.76 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 533,239.76 |
| Part | 2: Summarize Your Liabilities | | |
| | | Your li | abilities |
| | | | t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | | |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 327,008.87 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | |
| | 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 80,248.87 |
| | | | |
| | Your total liabilities | \$ | 407,257.74 |
| Part | 3: Summarize Your Income and Expenses | | - |
| | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 9,263.05 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | | |
| 0. | Copy your monthly expenses from line 22c of Schedule J | \$ | 7,761.10 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | our other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| • | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a personal | , family, or |
| | household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | | |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

| Debtor 2 | - · · · · · · · · · · · · · · · · · · · | Case number (if known) | |
|----------|---|--------------------------------------|-----------------|
| | m the Statement of Your Current Monthly Income: Copy your total curre A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | nt monthly income from Official Form | \$ 12,708.71 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| 200 | tor 1 | Gerald S. Berg | hlor | | | |
|------|---|---------------------------------|-------------|---|---|--|
| | | First Name | Middle | Name Last Name | | |
| Deb | tor 2 | Nancy C. Berg | | | | |
| Spou | ise, if filing) | First Name | Middle | Name Last Name | | |
| Jnit | ed States Bankru | uptcy Court for th | ne: EASTERN | DISTRICT OF NEW YORK | | |
| Cas | e number | | | | | ☐ Check if this is a amended filing |
| Off | icial Form | 106A/B | | | | |
| Sc | hedule | A/B: Pro | perty | | | 12/15 |
| | | any legal or equita | | er Real Estate You Own or Have an Interest In y residence, building, land, or similar property? | | |
| 1.1 | 42 Pontley De | - a d | | What is the property? Check all that apply | | |
| | 12 Bentley Ro Street address, if ava | oau ailable, or other descri | ption | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative | Do not deduct secured clamount of any secured clamount of the Creditors Who Have Claim | |
| | | | 11803-0000 | ☐ Manufactured or mobile home☐ Land | Current value of the entire property? | Comment value of the |
| | Plainview | NY ' | 1 1003-0000 | LI Land | | Current value of the portion you own? |
| | Plainview City | NY State | ZIP Code | ☐ Investment property | \$446,947.00 | portion you own? |
| | | | | | \$446,947.00 | portion you own? \$446,947.00 |
| | | | | ☐ Investment property ☐ Timeshare ☐ Other | \$446,947.00 Describe the nature of y | portion you own? \$446,947.00 our ownership interest |
| | | | | Investment property Timeshare | \$446,947.00 Describe the nature of y (such as fee simple, ten | portion you own? \$446,947.00 our ownership interest |
| | | | | Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | \$446,947.00 Describe the nature of y (such as fee simple, ten | portion you own? \$446,947.00 |
| | City | | | Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | \$446,947.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | portion you own? \$446,947.00 our ownership interest ancy by the entireties, or |
| | City | | | Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | \$446,947.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | portion you own? \$446,947.00 our ownership interest ancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| | | Gerald S. Bergold Nancy C. Bergold | | Case number (if known) | |
|-------------|---------------------|---|--|-------------------------------|--|
| 3. C | ars, van | s, trucks, tractors, sport utilit | y vehicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| 3.1 | Make: | Ford | Who has an interest in the property? Check one | | red claims or exemptions. Put ecured claims on Schedule D: |
| | Model: | | Debtor 1 only | Creditors Who Have | Claims Secured by Property. |
| | Year: | 2015 | Debtor 2 only | Current value of th | |
| | | rimate mileage: 36,00 | Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | ect to Lease | At least one of the deptors and another | | |
| | Cubje | | Check if this is community property (see instructions) | \$0. | 90.00 |
| 5 A | ages yo | u have attached for Part 2. W | | | \$0.00 |
| , | | | e interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> | xamples No | d goods and furnishings :: Major appliances, furniture, lir Describe | nens, china, kitchenware | | |
| _ | - 103. L | | | | |
| | | Misc. House | hold Goods and Furnishings | | \$1,500.00 |
| E | No | | , video, stereo, and digital equipment; computers, p as, media players, games | orinters, scanners; music co | ollections; electronic devices |
| E | | es of value :: Antiques and figurines; paintir other collections, memorabilia | ngs, prints, or other artwork; books, pictures, or other, collectibles | er art objects; stamp, coin, | or baseball card collections; |
| | | escribe | | | |
| E | | nt for sports and hobbies :: Sports, photographic, exercise musical instruments | e, and other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | | Describe | | | |
| _ | Firearms Example | | nunition, and related equipment | | |

| Debtor 1 Debtor 2 | Gerald S. Bergo Nancy C. Bergo | | | Case number (if known | own) |
|---|--|---------|----------------------|---|---|
| 11. Cloth <i>Exar</i> □ No | | s, furs | , leather coats, des | igner wear, shoes, accessories | |
| ■ Yes | s. Describe | | | | |
| | М | isc. V | Vearing Apparel | | \$1,000.00 |
| □ No | | y, cos | tume jewelry, engaç | gement rings, wedding rings, heirloom jewelry, watches, ge | ms, gold, silver |
| | М | isc. J | ewelry | | \$500.00 |
| Exar ■ No □ Yes 14. Any c ■ No | farm animals nples: Dogs, cats, bird b. Describe other personal and ho b. Give specific inform | ouseh | old items you did | not already list, including any health aids you did not li | ist |
| | | | | art 3, including any entries for pages you have attache | d \$3,000.00 |
| Part 4: | escribe Your Financial A | Assets | | | |
| | | l or ed | uitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | | - | me, in a safe deposit box, and on hand when you file your | petition |
| Exar | | | | ounts; certificates of deposit; shares in credit unions, broke with the same institution, list each. Institution name: | rage houses, and other similar |
| _ 10. | | 7 1 | Savings | Bethpage Federal Credit Union Account ending in 5010 | \$5.00 |
| | ' | 7.1. | Cavings | | |
| | 1 | 7.2. | Checking | Bethpage Federal Credit Union Account ending in 8588 | \$12.76 |
| | 1 | 7.3. | Checking | Bethpage Federal Credit Union Acct ending in 2353 | \$0.00 |
| | 1 | 7.4. | Checking | Apple Bank Acct ending in 1529 | \$250.00 |
| | 1 | 7.5. | Checking | Apple Bank Acct ending in 1599 | \$20.00 |
| | | | | | |

Official Form 106A/B

| | ebtor 1 ebtor 2 | Gerald S. B Nancy C. B | | | Case number (if known) | |
|-----|---------------------------|--|-------------------------|---|--|-------------|
| | | | 17.6. | Money Market Account | Bethpage Federal Credit Union Acct ending in 8518 | \$5.00 |
| 18. | | | | cly traded stocks ent accounts with broke | erage firms, money market accounts | |
| | ■ No □ Yes | | | Institution or issuer na | me: | |
| 19. | - | blicly traded s | stock and | interests in incorpora | ated and unincorporated businesses, including an interest in an LLC, pa | ırtnership, |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific in | | about them me of entity: | % of ownership: | |
| | Negotia Non-na ■ No | able instrumen | ts include presents are | personal checks, cashie those you cannot trans | able and non-negotiable instruments ers' checks, promissory notes, and money orders. fer to someone by signing or delivering them. | |
| | | | Iss | uer name: | | |
| 21. | | nent or pensio les: Interests in | | | B(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | Yes. | List each accou | ınt separa | tely. | | |
| | | | • | of account: | Institution name: | |
| | | | | | Transamerica Retirement Solutions Corp (Account No. TA06954200001) | \$0.00 |
| | | | | | Police Superior Officers VSF Variable Supplement Pension (Account No. 006090701) | Unknown |
| | | | | | New York City Police Pension Fund Pension | |
| | | | | | (Account No. 006090700) | Unknown |
| | | | | | New York City 457 Plan | \$83,000.00 |
| 22. | Your sl Examp | | ed deposi | ts you have made so th | nat you may continue service or use from a company blic utilities (electric, gas, water), telecommunications companies, or others | |
| | ■ No □ Yes. | | | | Institution name or individual: | |
| 23. | | es (A contract | for a perio | dic payment of money | to you, either for life or for a number of years) | |
| | ■ No □ Yes | 1 | ssuer nam | e and description. | | |
| 24. | | s in an educat C. §§ 530(b)(1) | | | lified ABLE program, or under a qualified state tuition program. | |
| | ■ No □ Yes | 1 | nstitution i | name and description. | Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, ■ No | equitable or f | uture inte | rests in property (other | er than anything listed in line 1), and rights or powers exercisable for yo | our benefit |

| | ebtor 1 ebtor 2 | Gerald S. Bergol Nancy C. Bergol | | | Case number (if known | n) |
|-----|----------------------|---|--|--------------------------|--------------------------------------|---|
| | ☐ Yes. | Give specific informa | tion about them | | | |
| 26. | | | narks, trade secrets, and other in names, websites, proceeds from re | | | |
| | ■ No □ Yes. | Give specific informa | tion about them | | | |
| 27. | | | other general intangibles exclusive licenses, cooperative as | ssociation holdings, I | iquor licenses, professional lice | enses |
| | ☐ Yes. | Give specific informa | tion about them | | | |
| M | oney or p | property owed to yo | u? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | unds owed to you | | | | |
| | ■ No □ Yes. 0 | Give specific informat | ion about them, including whether | you already filed the | e returns and the tax years | |
| 29. | ■ No | | sum alimony, spousal support, ch | nild support, mainten | ance, divorce settlement, prope | erty settlement |
| | Examp ■ No | mounts someone o les: Unpaid wages, d benefits; unpaid Give specific informa | isability insurance payments, disal loans you made to someone else | bility benefits, sick pa | ay, vacation pay, workers' com | pensation, Social Security |
| 31. | Interest Examp □ No | s in insurance polic les: Health, disability, | cies or life insurance; health savings a | account (HSA); credi | t, homeowner's, or renter's insu | ırance |
| | Yes. | Name the insurance of | company of each policy and list its Company name: | value. | Beneficiary: | Surrender or refund value: |
| | | | William Penn Term Life Insurance Policy | | | Unknown |
| 32. | If you a someon | | at is due you from someone who a living trust, expect proceeds from tion | | licy, or are currently entitled to r | eceive property because |
| 33. | Examp ■ No | | s, whether or not you have filed byment disputes, insurance claims | | a demand for payment | |
| 2/1 | | | uidated claims of every nature, | including counters | laims of the debtor and rights | s to set off claims |
| J4. | ■ No | Describe each claim. | - | moluumy counterc | iamis of the deptor and rights | o to set on cidinis |
| 35. | ■ No | ancial assets you di | | | | |
| | ☐ Yes. | Give specific informa | tion | | | |

| Debt Debt | • | | Case number (if known) | |
|----------------|--|-------------------------------|------------------------------|--------------|
| | Add the dollar value of all of your entries from Part 4, included for Part 4. Write that number here | | ges you have attached | \$83,292.76 |
| Part ! | Describe Any Business-Related Property You Own or Have an Inte | erest In. List any real estat | e in Part 1. | |
| 37. D o | o you own or have any legal or equitable interest in any business-rela | ted property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Part (| Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interest | ln. | |
| 46. D | o you own or have any legal or equitable interest in any far | m- or commercial fishi | ng-related property? | |
| ı | No. Go to Part 7. | | | |
| I | ☐ Yes. Go to line 47. | | | |
| | Describe All Property You Own or Have an Interest in That You on you have other property of any kind you did not already liexamples: Season tickets, country club membership No Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$446,947.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | |
| | Part 3: Total personal and household items, line 15 | \$3,000.00 | | |
| | Part 4: Total financial assets, line 36 | \$83,292.76 | | |
| | Part 5: Total business-related property, line 45 | \$0.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$86,292.76 | Copy personal property total | \$86,292.76 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$533,239.76 |

| Fill | l in this inform | ation to identify your ca | se: | | | |
|--------------------------|--|---|---|------------------------|---|--|
| | btor 1 | Gerald S. Bergold | | | | |
| | | First Name | Middle Name | L | ast Name | |
| | btor 2 ouse if, filing) | Nancy C. Bergold First Name | Middle Name | L | ast Name | |
| Un | ited States Banl | cruptcy Court for the: | EASTERN DISTRICT OF N | EW Y | ORK | |
| Ca | se number | | | | | |
| | nown) | | | | | ☐ Check if this is an amended filing |
| Ωſ | ficial For | m 106C | | | | |
| | | | perty You Cla | im | as Exempt | 4/16 |
| the nee | property you list | ed on Schedule A/B: Proattach to this page as ma | perty (Official Form 106A/B) | as y | our source, list the property that you | or supplying correct information. Using u claim as exempt. If more space is y additional pages, write your name |
| spe any fun exe | cific dollar ame applicable sta ds—may be un mption to a pa | ount as exempt. Alterna tutory limit. Some exem limited in dollar amoun | tively, you may claim the f options—such as those for t. However, if you claim ar | ull fa heal exer | ir market value of the property be th aids, rights to receive certain l mption of 100% of fair market val | One way of doing so is to state a eing exempted up to the amount of benefits, and tax-exempt retirement ue under a law that limits the it, your exemption would be limited |
| Pa | rt 1: Identify | the Property You Claim | as Exempt | | | |
| 1. | Which set of e | exemptions are you clai | ming? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are clai | ming state and federal no | onbankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are clai | ming federal exemptions | 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any prope | rty you list on Schedule | e A/B that you claim as exe | empt, | fill in the information below. | |
| | | n of the property and line or at lists this property | Current value of the portion you own | • | | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 12 Bentley R Nassau Cou | oad Plainview, NY 11 | \$446,947.00 | | \$341,650.00 | NYCPLR § 5206 |
| | Line from Sche | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. House Furnishings | hold Goods and | \$1,500.00 | | \$1,500.00 | NYCPLR § 5205(a)(5) |
| | Line from Sche | edule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. Wearing | | \$1,000.00 | | \$1,000.00 | NYCPLR § 5205(a)(5) |
| | Line from Gene | date AVB. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. Jewelr | | \$500.00 | | \$500.00 | NYCPLR § 5205(a)(6) |
| | Line nom och | radio AVD. 1201 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | a Retirement Solutio | ns \$0.00 | | 100% | Debtor & Creditor Law § |
| | Corp (Account No Line from Sche | . TA06954200001) edule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 282(2)(e) |

Official Form 106C

| | btor 2 Nancy C. Bergold | | | Case number (if known) | | |
|----|--|--|---|---|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Police Superior Officers VSF Variable Supplement Pension | Unknown | | 100% | Debtor & Creditor Law § 282(2)(e) | |
| (| (Account No. 006090701) Line from Schedule A/B: 21.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | | 202(2)(6) | |
| | New York City Police Pension Fund Pension | Unknown | | 100% | Debtor & Creditor Law § 282(2)(e) | |
| (| (Account No. 006090700) Line from Schedule A/B: 21.3 | | | 100% of fair market value, up to any applicable statutory limit | 202(2)(6) | |
| | New York City 457 Plan | \$83,000.00 | | \$83,000.00 | Debtor & Creditor Law § 282(2)(e) | |
| | Line from Schedule A/B: 21.4 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | William Penn Term Life Insurance Policy | Unknown | | 100% | NY Ins. Law § 3212, Est. Pow. & Tr. § 7-1.5, NYCPLR § | |
| | Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | 5205(i) | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | filed on or after the date of adjustme | ent.) | |
| | □ No | | | | | |
| | Yes. Did you acquire the property cover | 1,215 days before you filed this case | 9? | | | |
| | □ No | | | | | |

Yes

| Eill ir | n this informa | ation to identify you | r casa: | | | | |
|----------|-------------------------------------|-----------------------------|---|-----------------|---|---------------------------|----------------------|
| FIII II | 1 11115 1111011116 | ation to identify you | r case. | | | | |
| Debto | or 1 | Gerald S. Bergol | Middle Name | Last Name | | | |
| Debto | nr 2 | Nancy C. Bergol | | Last Name | | | |
| | se if, filing) | First Name | Middle Name | Last Name | | | |
| Linita | d Ctataa Banl | crumtous Court for thes | EASTERN DISTRICT OF NEV | M VODK | | | |
| Unite | u States Barir | kruptcy Court for the: | EASTERN DISTRICT OF NEV | W YORK | | | |
| Case | number | | | | | | |
| (if knov | vn) | | | | | | if this is an |
| | | | | | | amend | ded filing |
| Offic | cial Form | 106D | | | | | |
| | | | | _ | | | |
| Scr | <u>nedule L</u> |): Creditors | Who Have Claims | Secure | ed by Property | <u> </u> | 12/15 |
| Be as | complete and a | ccurate as possible. If | two married people are filing togethe | er, both are ed | qually responsible for supp | lying correct information | n. If more space is |
| needed | | litional Page, fill it out, | number the entries, and attach it to t | this form. On | the top of any additional pa | ges, write your name a | nd case number (if |
| | • | ave claims secured by y | your property? | | | | |
| _ | | | nis form to the court with your other | er schedules | You have nothing else to | n report on this form | |
| _ | _ | all of the information b | • | or correction | . Tournavo noaming olde a | o report on time remin | |
| | | | Delow. | | | | |
| Part | 1: List All | Secured Claims | | | . Column A | Column B | Column C |
| | | | ore than one secured claim, list the cre- articular claim, list the other creditors in | | y for | Value of collateral | Unsecured |
| | | | r according to the creditor's name. | 1 att 2. 7 6 ma | Do not deduct the | that supports this | portion |
| 2.1 | Bank of Am | nerica | Describe the property that secures | the claim: | value of collateral. \$68,599.00 | s446,947.00 | If any \$0.00 |
| - | Creditor's Name | icrica | 12 Bentley Road Plainview, | 1 | Ψου,υσυ.υυ | Ψττο,στι.ου | Ψ0.00 |
| | | | 11803 Nassau County | | | | |
| | PO Box 150 | | As of the date you file, the claim is: | Chook all that | | | |
| | Wilmington | | apply. | Check all that | | | |
| - | 19886-5025 | | Contingent | | | | |
| | Number, Street, C | City, State & Zip Code | Unliquidated | | | | |
| Who | owes the deb | t? Check one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | ebtor 1 only | CI Official offic. | ☐ An agreement you made (such as | mortgage or so | ecured | | |
| _ | ebtor 2 only | | car loan) | mongage or s | courcu | | |
| | ebtor 1 and Debt | tor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| □ cr | neck if this clain | m relates to a | Other (including a right to offset) | Home Eq | uity Line of Credit | | |
| C | ommunity debt | | 3 , | | | | |
| Date o | debt was incurr | red 11/21/2014 | Last 4 digits of account num | ber 7899 |) | | |
| | | | | | | | |
| 2.2 | Ford Motor | Credit | | | ._ | | |
| | Company | | Describe the property that secures | | \$7,425.20 | \$0.00 | \$7,425.20 |
| | Creditor's Name | | 2015 Ford Escape 36,000 m | niles | | | |
| | P.O Box 62 | 100 | Subject to Lease | | | | |
| | Colorado S | | As of the date you file, the claim is: | Check all that | | | |
| | 80962 | pilligo, oo | apply. Contingent | | | | |
| - | Number, Street, C | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| _ | ebtor 1 only | | An agreement you made (such as | mortgage or se | ecured | | |
| _ | ebtor 2 only | | car loan) | | | | |
| _ | ebtor 1 and Debt | • | Statutory lien (such as tax lien, me | cnanic's lien) | | | |
| | | debtors and another | Judgment lien from a lawsuit | Carloss | • | | |
| | neck if this clair ommunity debt | | ■ Other (including a right to offset) | Car Leas | o c | | |
| Date o | debt was incurr | red | Last 4 digits of account num | ber | | | |

Official Form 106D

| Debtor 1 | Debtor 1 Gerald S. Bergold | | | Case number (if know) | | | |
|------------|-----------------------------------|---|---|-----------------------|-------------------------|---------------------------------|------------|
| | First Name | Middle Na | me Last Name | | | | |
| Debtor 2 | Nancy C. I | | | | | | |
| | First Name | Middle Na | me Last Name | | | | |
| 2.2 | | | | | 4050 004 07 | * 4 4 0 0 4 7 0 0 | 40.00 |
| | eterus Inc. | | Describe the property that secures the clair | m: | \$250,984.67 | \$446,947.00 | \$0.00 |
| Cre | ditor's Name | | 12 Bentley Road Plainview, NY | | | | |
| | | | 11803 Nassau County | | | | |
| В. | O Box 1047 | | As of the date you file, the claim is: Check all | that | | | |
| | o box 1047 artford, CT 0 | 6143-1047 | apply. | | | | |
| | | | Contingent | | | | |
| Nun | nber, Street, City, S | state & Zip Code | Unliquidated | | | | |
| Who | es the debt? C | haal ana | Disputed | | | | |
| _ | | neck one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debto | , | | An agreement you made (such as mortgag car loan) | e or secured | | | |
| ☐ Debto | r 2 only | | _ ′ | | | | |
| Debto | r 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's | lien) | | | |
| ☐ At leas | st one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| | k if this claim re munity debt | lates to a | Other (including a right to offset) | gage | | | |
| Date debt | t was incurred | 6/10/2009 | Last 4 digits of account number | 5018 | | | |
| | | | | | | | |
| Add the | dollar value of | your entries in Co | lumn A on this page. Write that number here | : | \$327,008. | 87 | |
| | s the last page o | | ne dollar value totals from all pages. | | \$327,008. | 87 | |
| write tr | iat number nere | ; : | | | . , | | |
| Part 2: | List Others t | o Be Notified fo | r a Debt That You Already Listed | | | | |
| to collect | from you for a | debt you owe to so bts that you listed | notified about your bankruptcy for a debt the omeone else, list the creditor in Part 1, and the in Part 1, list the additional creditors here. If | nen list the co | llection agency here. | Similarly, if you have more | e than one |
| П | | | | | | | |
| | | reet, City, State & Z | ip Code | On which line | in Part 1 did you enter | the creditor? 2.3 | |
| | ank of Amer | | | | | | |
| | O Box 15222 | | | Last 4 digits of | of account number | | |
| W | /ilmington, L | DE 19886-5222 | | | | | |
| | | | | | | | |
| | | reet, City, State & Z | ip Code | On which line | in Part 1 did you enter | the creditor? 2.3 | |
| | ank of Amer | • | | | | | |
| | O Box 66069 | | | Last 4 digits of | of account number | | |
| D | allas, TX 752 | 200-0094 | | | | | |

| Fill in th | nis information to identify your | case: | | | |
|-------------|---|--|---|-------------------------------------|---|
| Debtor 1 | Gerald S. Bergol | d | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | | |
| United S | States Bankruptcy Court for the: | EASTERN DISTRIC | T OF NEW YORK | | |
| Case nu | ımber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | al Form 106E/F | | | | |
| | dule E/F: Creditors V | Vho Have Unse | cured Claims | | 12/15 |
| | | | | | RIORITY claims. List the other party to |
| D: Credito | ors Who Have Claims Secured by P nuation Page to this page. If you ha | roperty. If more space is i ve no information to repo | needed, copy the Part yo | ou need, fill it out, number the | cured claims that are listed in Schedule entries in the boxes on the left. Attach itional pages, write your name and case |
| 1. Do a | ny creditors have priority unsecure | d claims against you? | | | |
| ■ N | lo. Go to Part 2. | | | | |
| ΠY | es. | | | | |
| Part 2: | List All of Your NONPRIORI | TY Unsecured Claims | | | |
| 3. Do a | ny creditors have nonpriority unse | cured claims against you? | ? | | |
| □N | lo. You have nothing to report in this p | art. Submit this form to the | court with your other sche | edules. | |
| ■ Y | es. | | | | |
| claim | all of your nonpriority unsecured cl n, list the creditor separately for each of tor holds a particular claim, list the oth | claim. For each claim listed, | identify what type of clain | m it is. Do not list claims already | |
| | · · · · · · · · · · · · · · · · · · · | , | | , . , | Total claim |
| 4.1 | American Eagle Outfitters | Last 4 di | gits of account number | 9230 | \$3,022.00 |
| | Nonpriority Creditor's Name | | - | | |
| | Credit Card Services PO Box 965006 | When wa | as the debt incurred? | | |
| | Orlando, FL 32896-5006 | | | | |
| | Number Street City State Zlp Code | As of the | date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Conti | naent | | |
| | ☐ Debtor 1 only | ☐ Unliqu | = | | |
| | Debtor 2 only | □ Dispu | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of I | NONPRIORITY unsecure | ed claim: | |
| | At least one of the debtors and an | other | ent loans | | |
| | ☐ Check if this claim is for a com Is the claim subject to offset? | , — Chilge | ations arising out of a sepa priority claims | aration agreement or divorce that | at you did not |
| | ■ No | ☐ Debts | to pension or profit-shari | ng plans, and other similar debts | 3 |
| | ☐ Yes | ■ Other | Specify Credit Car | 'd | |
| | | | | | |

| Debtoi Debtoi | Gerald S. Bergold Nancy C. Bergold | | Case number (if know) | |
|------------------|---|--|--|------------|
| 4.2 | American Express | Last 4 digits of account number | 5001 | \$9,327.39 |
| | Nonpriority Creditor's Name PO Box 1270 | When was the debt incurred? | | |
| | Newark, NJ 07101-1270 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | |
| | \square At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.3 | Bank of America | Last 4 digits of account number | | \$5,615.82 |
| | Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19886-5019 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пол | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | Labelia | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i ciaim: | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Care | <u> </u> | |
| 4.4 | Best Buy Credit Services Nonpriority Creditor's Name | Last 4 digits of account number | 4522 | \$8,420.00 |
| | PO Box 183195 Columbus, OH 43218-3195 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | |
| | ■ Debtor 2 only | • | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐Yes | ■ Other, Specify Credit Card | d . | |

| | Gerald S. Bergold Nancy C. Bergold | Case number (if know) | |
|-----|--|---|-------------|
| 4.5 | Bethpage Federal Nonpriority Creditor's Name Credit Union | Last 4 digits of account number When was the debt incurred? | \$26,671.91 |
| | 899 S. Oyster Bay Rd. Bethpage, NY 11714-1030 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Line of Credit | |
| 4.6 | Bethpage Federal | Last 4 digits of account number | \$3,399.00 |
| | Nonpriority Creditor's Name Credit Union Mail Processing | When was the debt incurred? | |
| | PO Box 127 | | |
| | Bethpage, NY 11714-0127 | Accepted to the control of the state of the | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | _ | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Loan | |
| 4.7 | Bethpage Federal | Last 4 digits of account number | \$2,460.00 |
| | Nonpriority Creditor's Name Credit Union 899 S. Oyster Bay Rd. | When was the debt incurred? | . , |
| | Bethpage, NY 11714-1030 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Overdrawn Account | |

| | Gerald S. Bergold Nancy C. Bergold | Case number (if know) | Case number (if know) | | | | |
|------|---|--|-----------------------|--|--|--|--|
| 4.8 | Discover Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$8,939.77 | | | | |
| | 6500 New Albany Road New Albany, OH 43054 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | | Lawsuit | | | | | |
| | Yes | Other. Specify Index No. 9556/2016 | | | | | |
| 4.9 | Gap Visa/GECRB | Last 4 digits of account number 7626 | \$692.48 | | | | |
| | Nonpriority Creditor's Name PO Box 960017 Orlando, FL 32896-0017 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ☐ Debtor 1 only | _ | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another | Student loans | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | | | | | |
| 4.10 | Liberty Mutual Nonpriority Creditor's Name | Last 4 digits of account number 2720 | \$3,929.00 | | | | |
| | P.O Box 55126 Boston, MA 02205-5126 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | |

| | r 1 Gerald S. Bergold r 2 Nancy C. Bergold | Case number (if know) | |
|------|---|---|------------|
| 4.11 | Macy's | Last 4 digits of account number | \$1,100.00 |
| 4.11 | Nonpriority Creditor's Name PO Box 183083 | When was the debt incurred? | φ1,100.00 |
| | Columbus, OH 43218-3083 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.12 | Mercedes Benz Financial | Last 4 digits of account number | \$4,500.00 |
| | Nonpriority Creditor's Name PO Box 77860 Fort Worth, TX 76177 | When was the debt incurred? | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Deficiency Balance | |
| 4.13 | Target Card Services Nonpriority Creditor's Name | Last 4 digits of account number 6578 | \$1,501.00 |
| | PO Box 660170 Dallas, TX 75266-0170 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ☐ Debtor 1 only | ☐ Unliquidated | |
| | ■ Debtor 2 only | <u> </u> | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |

| | 1 Gerald S2 Nancy C. | | | Case r | number (if | know) | |
|-----------------------------------|---|---|--|-------------|----------------|------------------------------|---------------------------|
| 4.14 | Victoria's S Nonpriority Cre PO Box 659 San Antoni | ditor's Name | Last 4 digits of account number When was the debt incurred? | 5954 | <u>I</u> | - | \$670.50 |
| Number Street City State Zlp Code | | | As of the date you file, the claim is | : Check | all that app | ply | |
| | _ | the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 on | , | ☐ Unliquidated | | | | |
| | ■ Debtor 2 on | ıly | ☐ Disputed | | | | |
| | Debtor 1 an | nd Debtor 2 only | Type of NONPRIORITY unsecured | claim: | | | |
| | _ | e of the debtors and another | ☐ Student loans | | | | |
| | | is claim is for a community debt bject to offset? | ☐ Obligations arising out of a separ report as priority claims | ration ag | reement or | divorce that you did not | |
| | No | | Debts to pension or profit-sharing | g plans, a | and other s | imilar debts | |
| | Yes | | ■ Other. Specify Credit Card | l | | | - |
| Part 3: | | s to Be Notified About a Debt | | | | | |
| trying more | to collect from than one credite | you for a debt you owe to someon | ut your bankruptcy, for a debt that you ne else, list the original creditor in Par ed in Parts 1 or 2, list the additional c age. | ts 1 or 2 | 2, then list t | the collection agency her | e. Similarly, if you have |
| | nd Address | | n which entry in Part 1 or Part 2 did you I | | • | | |
| | : Collection anton Street | = = = = = = = = = = = = = = = = = = = | | _ | | vith Priority Unsecured Clai | |
| | ood, MA 020 | 062 | est 4 digits of account number | Part 2: | Creditors w | vith Nonpriority Unsecured | Ciaims |
| | nd Address | Or | n which entry in Part 1 or Part 2 did you I | ist the o | riginal credi | tor? | |
| Disco | | Lir | _ | _ | | rith Priority Unsecured Clai | |
| _ | ox 71084 otte, NC 282 | | est 4 digits of account number | Part 2: | Creditors w | vith Nonpriority Unsecured | Claims |
| Name ar | nd Address | Or | n which entry in Part 1 or Part 2 did you I | list the or | riginal credi | tor? | |
| | er & Garbus | | ne 4.8 of (Check one): | Part 1: | Creditors w | rith Priority Unsecured Clai | ms |
| PO Bo | tor Parkway ox 9030 nack, NY 117 | | • | Part 2: | Creditors w | rith Nonpriority Unsecured | Claims |
| | iack, ivi | | ast 4 digits of account number | Α | ttys for | Discover Bank | |
| | | mounts for Each Type of Unso certain types of unsecured claims | ecured Claim . This information is for statistical rep | orting p | ourposes o | nly. 28 U.S.C. §159. Add | the amounts for each type |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | _ |
| Total cla | | Taxes and certain other debts ye | ou owe the government | 6b. | \$ | 0.00 | |
| | 6c. | Claims for death or personal inj | = | 6c. | \$ | 0.00 | _ |
| | 6d. | Other. Add all other priority unsec | ured claims. Write that amount here. | 6d. | \$ | 0.00 | _ |
| | 6e. | Total Priority. Add lines 6a throug | gh 6d. | 6e. | \$ | 0.00 | - |
| | | | | | | Total Claim | |
| Total cla | 6f. | Student loans | | 6f. | \$ | 0.00 | _ |
| from P | | | aration agreement or divorce that you | 60 | ¢ | 0.00 | |
| | 6h. | did not report as priority claims Debts to pension or profit-shari | ng plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 | _ |
| | 6i. | | secured claims. Write that amount here. | | \$ | 80,248.87 | _ |
| | 2: | Total Name 2006 - A 220 - 200 | orando Oi | C : | | | _ |
| | 6j. | Total Nonpriority. Add lines 6f the | ougii bi. | 6j. | \$ | 80,248.87 | _ |

| Debtor 1 | Gerald S. Bergold | | |
|----------|-------------------|-----------------------|--|
| Debtor 2 | Nancy C. Bergold | Case number (if know) | |

| Fill in this infor | rmation to identify your | case: | | |
|---|--------------------------|--------------------|------------|--------------|
| Debtor 1 | Gerald S. Bergold | d | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Nancy C. Bergold | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F NEW YORK | |
| Case number | | | | |
| (if known) | | | | ☐ Check if t |
| | | | | amended |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 Ford Credit PO Box 220564 Pittsburgh, PA 15257-2564 | 2015 Ford Escape Lease Account No. ending in 1398 \$371.26/Month Lease Ends June 2018 |

| Fill in thin | information to identify | | | |
|-------------------|--------------------------------------|---|-------------------------|--|
| | information to identify yo | | | |
| Debtor 1 | Gerald S. Berg First Name | Old Middle Name | Last Name | |
| Debtor 2 | Nancy C. Berge | | Last Name | |
| (Spouse if, filin | | Middle Name | Last Name | |
| United Stat | tes Bankruptcy Court for the | e: EASTERN DISTRICT C | OF NEW YORK | |
| Case numb | per | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official | Form 106 | | | |
| | Form 106H | | | |
| Sched | ule H: Your Co | debtors | | 12/15 |
| | ` | wn). Answer every question (If you are filing a joint case, | | e as a codebtor. |
| _ | | | | |
| ■ No □ Yes | | | | |
| ⊔ Yes | | | | |
| | | you lived in a community p na, Nevada, New Mexico, Pu | | ry? (Community property states and territories include nington, and Wisconsin.) |
| ■ No | Go to line 3. | | | |
| | | pouse, or legal equivalent liv | e with you at the time? | |
| | | , , | • | |
| in line Form 1 | 2 again as a codebtor on | ly if that person is a guarai | ntor or cosigner. Make | or if your spouse is filing with you. List the person show e sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor | 17ID 0 1 | | Column 2: The creditor to whom you owe the debt |
| N | lame, Number, Street, City, State an | nd ZIP Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | | | _ |
| (| City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | Schedule E/F. line |
| | | | | ☐ Schedule G, line |
| | Number Street | | | _ |
| | City | State | ZIP Code | |

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| Fill in this information | n to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Gerald S. Bergold | |
| Debtor 2 (Spouse, if filing) | Nancy C. Bergold | |
| United States Bankru | uptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Form | n 106l Your Income | 13 income as of the following date: MM / DD/ YYYY |

15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment | | | |
|-----|---|---------------------|--|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ☐ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| | employers. | Occupation | District Attorney's Investigator | Unemployed |
| | Include part-time, seasonal, or self-employed work. | Employer's name | City of New York | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | One Centre St Room 200N New York, NY 10007 | |
| | | How long employed t | here? | |
| Par | t 2: Give Details About Mor | nthly Income | | |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse 0.00 8,658.92 0.00 0.00 8,658.92 0.00

Official Form 106I Schedule I: Your Income page 1

| | tor 1 tor 2 | Gerald S. Bergold Nancy C. Bergold | | Case n | umber (<i>if known</i>) | | | |
|-----|--------------------|---|-------------------|----------|---------------------------|----------------|--|--------|
| | | | | For I | Debtor 1 | | ebtor 2 or ling spouse | |
| | Cop | by line 4 here | 4. | \$ | 8,658.92 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| - | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 2,225.18 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 202.66 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 909.82 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 75.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 3,412.66 | \$ | 0.00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 5,246.26 | \$ | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends | 8a. 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | Ψ | 0.00 | Ψ | 0.00 | |
| | 8d. 8e. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security | 8c. 8d. 8e. | \$ \$ | 0.00 0.00 0.00 | \$ \$ \$ | 0.00 0.00 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 4,016.79 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 4,016.79 | \$ | 0.00 | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | 9 | .263.05 + \$ | - (| 0.00 = \$ 9.2 | 63.05 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ,200.00 | ` | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | .00.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depen | | • | | hedule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | Combined | 263.05 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | monthly inc | come |
| | | No. | | | | | | |
| | | Yes. Explain: | | | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | | | | |
|-----------|----------------------------|---|----------------------------|---|--|------------|----------------|-----------------|---|
| Deb | otor 1 | Gerald S. Be | raold | | | Ch | ieck i | f this is: | |
| | | | | | | | amended filing | | |
| | otor 2 ouse, if filing) | Nancy C. Be | rgold | | | | | | ving postpetition chapter the following date: |
| ` . | | | | | (0.71) | | | • | |
| Unit | ted States Bankı | ruptcy Court for the: | EASTE | RN DISTRICT OF NEW Y | ORK | | M | M / DD / YYYY | |
| | se number | | | | | | | | |
| (II K | known) | | | | | | | | |
| 0 | fficial Fo | orm 106J | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | | 12/1 |
| Be | as complete ormation. If m | and accurate as | possible eded, atta | . If two married people a ach another sheet to this | | | | | |
| Par 1. | rt 1: Descri | ribe Your House | hold | | | | | | |
| ١. | □ No. Go to | | | | | | | | |
| | _ | | in a separ | ate household? | | | | | |
| | ■ N | | st file Offic | ial Form 106J-2, <i>Expense</i> | s for Separate Hous | ehold of D | ebto | r 2. | |
| 2. | Do vou hav | e dependents? | □ No | | | | | | |
| | Do not list D | ebtor 1 | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | | | | Son | | | 16 | Yes |
| | | | | | Doughton | | | 20 | □ No |
| | | | | | Daughter | | | 20 | ■ Yes □ No |
| | | | | | Daughter | | | 22 | ■ Yes |
| | | | | | | | | | □ No |
| 2 | De veur ev | | _ | | | | | | ☐ Yes |
| 3. | expenses o | penses include of people other the d your depende | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | |
| Est | timate your ex | a date after the b | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a sup | | | | | |
| the | | h assistance an | | government assistance cluded it on Schedule I: | | | | Your expe | enses |
| 4. | | or home owners | | ases for your residence. | Include first mortgag | e 4. | \$_ | | 2,303.67 |
| | If not include | ded in line 4: | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | _ | | 0.00 |
| | | | | upkeep expenses | | 4c. | _ | | 150.00 |
| 5 | | eowner's associat | | dominium dues our residence. such as ho | nme equity loans | 4d. 5. | | | 0.00 299.43 |

| Debtor 1 | | | S. Bergold | | | | | |
|--------------|---------------|-----------------|---|--------------------|---------------------------------------|----------------------------|--|--|
| Debtor 2 | | Nancy C | . Bergold | Case num | nber (if known) | | | |
| 6. l | Utiliti | ioci | | | | | | |
| - | ounu 3a. | | , heat, natural gas | 6a. | \$ | 455.00 | | |
| | 3b. | | wer, garbage collection | 6b. | · · · · · · · · · · · · · · · · · · · | 40.00 | | |
| | 3c. | - | e, cell phone, Internet, satellite, and cable services | 6c. | | 275.00 | | |
| | 6d. | | ecify: Cell Phone | 6d. | · | 385.00 | | |
| | | | ekeeping supplies | 7. | · | 1,250.00 | | |
| | | | children's education costs | 8. | · | 250.00 | | |
| - | | | Iry, and dry cleaning | 9. | · - | 150.00 | | |
| | | | products and services | 10. | · · · · · · · · · · · · · · · · · · · | 200.00 | | |
| | | - | ental expenses | 11. | | 450.00 | | |
| | | | Include gas, maintenance, bus or train fare. | | <u> </u> | 430.00 | | |
| | | | ar payments. | 12. | \$ | 450.00 | | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 225.00 | | |
| 14. (| Chari | itable cont | ributions and religious donations | 14. | \$ | 200.00 | | |
| 15. I | nsur | rance. | - | | | | | |
| | | | nsurance deducted from your pay or included in lines 4 or 20. | | | | | |
| | | Life insura | | 15a. | · - | 80.00 | | |
| 1 | 15b. | Health ins | surance | 15b. | \$ | 0.00 | | |
| 1 | 15c. | Vehicle in | surance | 15c. | \$ | 200.00 | | |
| | | | urance. Specify: | 15d. | \$ | 0.00 | | |
| | | | nclude taxes deducted from your pay or included in lines 4 or 2 | | | | | |
| | Speci | , | | 16. | \$ | 0.00 | | |
| | | | ease payments: | 170 | œ. | 200.00 | | |
| | | | ents for Vehicle 1 | 17a. | · - | 398.00 | | |
| | | , , | ents for Vehicle 2 | 17b. | · | 0.00 | | |
| | | Other. Sp | | 17c. | · - | 0.00 | | |
| | | Other. Sp | · | 17d. | \$ | 0.00 | | |
| | | | of alimony, maintenance, and support that you did not rep your pay on line 5, Schedule I, Your Income (Official Form | | \$ | 0.00 | | |
| | | | s you make to support others who do not live with you. | 1001). | \$ | 0.00 | | |
| | Speci | | by our mane to cuppert canolo and act not not man your | 19. | · | 0.00 | | |
| | • | | erty expenses not included in lines 4 or 5 of this form or o | | | | | |
| | | | s on other property | 20a. | | 0.00 | | |
| | | Real estat | | 20b. | \$ | 0.00 | | |
| 2 | 20c. | Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 | | |
| 2 | 20d. | Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 | | |
| 2 | 20e. | Homeown | ner's association or condominium dues | 20e. | \$ | 0.00 | | |
| 21. (| Othe | r: Specify: | | 21. | +\$ | 0.00 | | |
| | | . , | | | | | | |
| | | - | monthly expenses | | | | | |
| | | | through 21. | | \$ | 7,761.10 | | |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Form 1 | 06J-2 | \$ | | | |
| 2 | 22c. <i>F</i> | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 7,761.10 | | |
| 23 (| Calci | ulate vour | monthly net income. | | | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 9,263.05 | | |
| | | | r monthly expenses from line 22c above. | 23b. | * | 7,761.10 | | |
| 2 | _0 | Jopy your | | 200. | * | 7,701.10 | | |
| 2 | 23c. | Subtract y | your monthly expenses from your monthly income. | | 1. | | | |
| | | | t is your monthly net income. | 23c. | \$ | 1,501.95 | | |
| | | | • | | | | | |
| | | | an increase or decrease in your expenses within the year a | | | | | |
| | | | ou expect to finish paying for your car loan within the year or do you experterms of your mortgage? | ct your mortgage p | ayment to increas | e or decrease because of a | | |
| _ | | | terms or your mortgage: | | | | | |
| | ■ No | | Explain here: | | | | | |
| ı | □ Ye | 2 S. | I EXDIGITI HEIE. | | | | | |

| Fill in this info | rmation to identify your | case: | | | | |
|-----------------------------------|--|--------------------------|------------------|-------------------------------|--|--|
| Debtor 1 | Gerald S. Bergold | i | | | | |
| | First Name | Middle Name | Last Na | me | | |
| Debtor 2 | Nancy C. Bergold | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Na | me | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | |
| Official For Declara | | ın Individual | l Debtor | 's Schedules | 12/15 | |
| f two married p | people are filing togethe | r, both are equally resp | onsible for sup | plying correct information. | | |
| obtaining mone years, or both. | | n connection with a bar | | | tatement, concealing property, or 0,000, or imprisonment for up to 20 | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | orney to help yo | u fill out bankruptcy forms | ? | |
| ☐ Yes. | | | | | | |
| | alty of perjury, I declare re true and correct. | that I have read the sui | mmary and sch | edules filed with this declar | ation and | |
| X /s/ Ge | rald S. Bergold | | X /s | / Nancy C. Bergold | | |
| | d S. Bergold | | | ancy C. Bergold | | |
| | ure of Debtor 1 | | | gnature of Debtor 2 | | |
| Date | May 17, 2018 | | D: | May 17, 2018 | | |
| | | | | | | |

| Filli | n this inforr | nation to identify you | r case: | | | |
|---------------|--------------------------|--|--|---|--|---|
| Deb | or 1 | Gerald S. Bergol | d | | | |
| D - I- | 0 | First Name | Middle Name | Last Name | | |
| Debi (Spou | or 2 se if, filing) | Nancy C. Bergol | Middle Name | Last Name | | |
| Unite | ed States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | |
| 0 | | | | | | |
| (if kno | e number _ wn) | | | | _ | heck if this is an mended filing |
| Off | icial Fo | rm 107 | | | | |
| Sta | tement | of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 4/16 |
| infor | mation. If moer (if know | nore space is needed, n). Answer every ques | attach a separate sheet to | this form. On the top of an | equally responsible for sup y additional pages, write yo | |
| 1. | What is you | r current marital statu | s? | | | |
| | ■ Married □ Not ma | ried | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | _ | | • | · | | |
| | ■ No □ Yes. Lis | t all of the places you I | ived in the last 3 years. Do n | ot include where you live nov | v. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territor ico, Texas, Washington and V | |
| | No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Explai | n the Sources of You | r Income | | | |
| | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this y all businesses, including par e together, list it only once u | | ndar years? |
| | □ No ■ Yes. Fil | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$31,199.32 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | | | | |

Official Form 107

| | | rald S. Bergold ncy C. Bergold Case number (if known) | | | | | | | | |
|---|---|---|--|---|---|---|--|--|--|--|
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| For last calendar year: (January 1 to December 31, 2017) | | 31, 2017) | ■ Wages, commissions, bonuses, tips \$103,907.00 | | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |
| Include i unemplo gamblino List each | ncome regard syment, and of g and lottery w | lless of whether ther public ber vinnings. If you he gross inco | er that income is taxable. Ex- nefit payments; pensions; rer u are filing a joint case and y | ntal income; interest; dividen | alimony; child support; Social ds; money collected from law eived together, list it only once | suits; royalties; and | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | | | | |
| From Janua the date you | ry 1 of currer u filed for ban | nt year until kruptcy: | Pension | \$16,199.16 | | | | | | |
| For last cale (January 1 t | endar year: o December : | 31, 2017) | Pension | \$60,021.00 | | | | | | |
| Part 3: Li | st Certain Pa | yments You l | Made Before You Filed for | Bankruptcy | | | | | | |
| 6. Are eith ☐ No. | Neither De | Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | | | |
| | During the | 90 days befor | e you filed for bankruptcy, di | id you pay any creditor a tota | l of \$6,425* or more? | | | | | |
| | □ No. | Go to line 7. | | | | | | | | |
| | □ _{Yes} | paid that cre not include p | editor. Do not include paymer payments to an attorney for t | nts for domestic support oblig his bankruptcy case. | in one or more payments and gations, such as child support | and alimony. Also, do | | | | |
| | * Subject | to adjustment | on 4/01/19 and every 3 year | s after that for cases filed on | or after the date of adjustme | nt. | | | | |
| ■ Yes | | | both have primarily consure you filed for bankruptcy, di | umer debts. id you pay any creditor a tota | al of \$600 or more? | | | | | |
| | ■ No. | Go to line 7. | | | | | | | | |
| | □ Yes | include payn | | | d the total amount you paid th port and alimony. Also, do no | | | | | |
| Credito | or's Name and | d Address | Dates of payme | nt Total amount | Amount you Was this | payment for | | | | |

| Within 1 year before you | | | | | | | | |
|--|--|---|---|--|-----------------------------------|---|--|--|
| Insiders include your relative corporations of which you a | es; any general pa re an officer, direc | tor, person in control, or ov | neral partners; partners, where of 20% or more | erships of which ye of their voting se | ou are a gener curities; and a | al partner; ny managing agent, | | |
| No | | | | | | | | |
| ☐ Yes. List all payments | to an insider. | | | | | | | |
| Insider's Name and Addr | ess | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| | thin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited ar | | | | | | | |
| | guaranteed or cos | signed by an insider. | | | | | | |
| ■ No | | | | | | | | |
| ☐ Yes. List all payments | to an insider | | | | | | | |
| Insider's Name and Addr | ess | Dates of payment | Total amount paid | Amount you still owe | | this payment litor's name | | |
| rt 4: Identify Legal Action | ns Renossessior | ns, and Foreclosures | | | | | | |
| | • | | | | | | | |
| List all such matters, includ | ing personal injury | | | | | | | |
| □ No | | | | | | | | |
| Yes. Fill in the details. | | | | | | | | |
| Case title | | Nature of the case | Court or agency | | Status of the case | | | |
| Discover Bank -vs- Gerald S. | | Consumer Credit Transaction | District Court of the State of New York | | ■ Pending | | | |
| 9556/2016 | | | County of Nassau, 1st Dist., Hempstead | | ☐ Concluded | | | |
| | | | erty repossessed, f | oreclosed, garni | shed, attache | d, seized, or levied? | | |
| No. Go to line 11. | tian balaw | | | | | | | |
| | | Describe the Property | | Date | | Value of the | | |
| Creditor Name and Addit | 533 | | d | Date | | property | | |
| accounts or refuse to mal ■ No | | ptcy, did any creditor, inc | | nancial institutio | on, set off any | amounts from your | | |
| | | 5 " 4 " 4 | | 5. | | | | |
| Creditor Name and Addre | ess | Describe the action the | e creditor took | | | Amount | | |
| | | | erty in the possess | ion of an assign | ee for the ben | efit of creditors, a | | |
| | No Yes. List all payments Insider's Name and Addr Within 1 year before you finsider? Include payments on debts No Yes. List all payments Insider's Name and Addr Within 1 year before you finsider's Name and Addr Within 1 year before you finsider's Name and Addr Within 1 year before you finsider's Name and contract No Yes. Fill in the details. Case title Case number Discover Bank -vs- Geregold 9556/2016 Within 1 year before you fins Check all that apply and fill No. Go to line 11. Yes. Fill in the information of the country of the cou | No Yes. List all payments to an insider. Insider's Name and Address Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost No Yes. List all payments to an insider Insider's Name and Address Identify Legal Actions, Repossession Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number Discover Bank -vs- Gerald S. Bergold 9556/2016 Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed No Yes. Fill in the details. Creditor Name and Address Within 1 year before you filed for bankrupt accounts or refuse to make a payment bed No Yes. Fill in the details. Creditor Name and Address | No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Within 1 year before you filed for bankruptcy, did you make any pay insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment No Within 1 year before you filed for bankruptcy, were you a party in at List all such matters, including personal injury cases, small claims action modifications, and contract disputes. No Yes. Fill in the details. Case title Case number Discover Bank -vs- Gerald S. Bergold 9556/2016 Within 1 year before you filed for bankruptcy, was any of your propecheck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Describe the Property Explain what happener Within 90 days before you filed for bankruptcy, did any creditor, incaccounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the Within 1 year before you filed for bankruptcy, was any of your propecourt-appointed receiver, a custodian, or another official? No | No | ■ No | No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount paid still owe Reason for still owe still owe | | |

Official Form 107

| | btor 1 Gerald S. Bergold btor 2 Nancy C. Bergold | | Case number | (if known) | |
|-----|--|---|---|---|-----------------------------------|
| Par | tt 5: List Certain Gifts and Contributions | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | s with a total value of more | than \$600 per person Dates you gave | ? Value |
| | Person to Whom You Gave the Gift and Address: | | | the gifts | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or co | | s or contributions with a tot | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal Describe what you | contributed | Dates you contributed | Value |
| Par | rt 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup disaster, or gambling? ■ No □ Yes. Fill in the details. Describe the property you lost and | tcy or since you filed for b | | thing because of thef | t, fire, other Value of property |
| | how the loss occurred | nclude the amount that insu pending insurance claims on Property. | rance has paid. List | loss | lost |
| Par | t 7: List Certain Payments or Transfers | | | | |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pr Include any attorneys, bankruptcy petition pre No Yes. Fill in the details. | eparing a bankruptcy peti | tion? | , , | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | transferred | alue of any property | Date payment or transfer was made | Amount of payment |
| | Richard L. Stern, PC 2950 Express Drive South Suite 109 Islandia, NY 11749 | with this instant | dered in connection filing \$6,000.00. Filing 2016(b) Statement | | \$2,310.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credit Do not include any payment or transfer that y | tors or to make payments | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | Description and va | llue of any property | Date payment or transfer was | Amount of payment |

| | otor 1 otor 2 | | | Bergold Bergold | | | | | | | Ca | se nun | nber (if known) | | | | |
|-----|--------------------------|---|---------------------------------------|--|------------------------------------|-------------------------------|------------------------|--|-----------------------|--|-----------------|----------|---|-------------|--------|---------------------|------------------------------|
| 18. | Includinclud | iferred in the de both de gifts and No | n the outrigh and tra | ordinary ht transfe | course ers and tra | of your k ansfers m | ousin nade a | ess or fina | ncial aff (such as | the granting of | | - | | | | | - |
| | Addı | ress | | eived Tra | | | | Description property | | | | paym | ribe any prop ents receive in exchange | | | ate transfe nade | er was |
| 19. | Withi | in 10 ye | ars be | | u filed fo | | | did you tra | | ny property to | o a sel | f-settle | ed trust or si | milar devi | ce of | which you | are a |
| | | Yes. Fill | in the | e details. | | | | | | | | | | | | | |
| | Nam | e of tru | st | | | | | Description | on and | value of the p | roper | ty tran | sferred | | | ate Transf nade | er was |
| Par | t 8: | List of | Certa | ain Finan | ncial Acc | ounts, In | strun | nents, Safe | e Deposi | it Boxes, and | Stora | ge Uni | its | | | | |
| 20. | sold, Include hous | moved de ched es, pen No Yes. Fil | , or tr king, sion f I in th | ansferre , savings funds, co ne details | ed? s, money poperativ s. | market, | or otl | her financia | al accou | ccounts or in: Ints; certifica ncial instituti | tes of ions. | depos | sit; shares in | banks, cre | • | nions, bro | kerage |
| | | ress (Nu | | al Institu Street, City, | tion and State and Z | ZIP | | st 4 digits o count numb | | Type of accoun instrument | | or | Date account closed, so moved, or transferred | ld, | | before clo | alance sing or ransfer |
| 21. | | | | , or did y uables? | ou have | within 1 | year | before you | ı filed fo | r bankruptcy, | , any s | safe de | eposit box or | other dep | osito | ry for secu | rities, |
| | _ | No Yes. Fil | l in th | e details | 5. | | | | | | | | | | | | |
| | | | | al Institu Street, City, | tion State and Z | IP Code) | | Who else Address (State and ZII | (Number, S | | | scribe | cribe the contents | | | Do you st have it? | till |
| 22. | <u> </u> | No | | oroperty ne details | | age unit | or pla | ace other t | han you | r home withii | n 1 yea | ar befo | ore you filed | for bankru | ptcy? | • | |
| | Nam | ne of St | orage | Facility | State and Z | IP Code) | | Who else to it? Address (State and ZII | (Number, S | had access | De | scribe | the contents | S | | Do you st have it? | till |
| Par | t 9: | Identif | y Pro _l | perty Yo | u Hold o | r Contro | l for S | Someone E | Else | | | | | | | | |
| 23. | - | ou hold omeone | | ontrol an | y propert | y that so | omeo | ne else ow | ns? Incl | ude any prop | erty y | ou boi | rrowed from, | are storin | g for, | or hold in | trust |
| | | No Yes. Fi | ll in th | he details | s. | | | | | | | | | | | | |
| | | ner's Na ress (Nu | | Street, City, | State and Z | IP Code) | | Where is (Number, Str Code) | | perty? State and ZIP | De | scribe | the property | <i>'</i> | | | Value |
| Par | t 10: | Give D | etails | S About E | Environm | nental Inf | forma | ntion | | | | | | | | | |
| For | the pu | urpose | of Par | rt 10, the | followin | g definit | ions | apply: | | | | | | | | | |
| | Envir | ronmen | tal lav | w means | any fede | eral, stat | e, or l | local statut | te or reg | ulation conc | erning | pollu | tion, contam | ination, re | lease | s of hazard | dous o |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

| Debtor 1 | Gerald S. Bergold |
|----------|-------------------|
| Debtor 2 | Nancy C. Bergold |

Case number (if known)

| | toxic substances, wastes, or mater regulations controlling the cleanup | | e air, land, soil, surface water, ground substances, wastes, or material. | dwat | ter, or other medium, including s | tatutes or | | | |
|-----|---|---|--|--------|--|-----------------------|--|--|--|
| | Site means any location, facility, or to own, operate, or utilize it, include | | as defined under any environmental al sites. | law, | whether you now own, operate, | or utilize it or used | | | |
| | | g an enviro | onmental law defines as a hazardous | s was | ste, hazardous substance, toxic | substance, | | | |
| Rep | port all notices, releases, and procee | dings that | you know about, regardless of when | n the | y occurred. | | | | |
| 24. | Has any governmental unit notified | I you that y | ou may be liable or potentially liable | und | ler or in violation of an environm | ental law? | | | |
| | ■ Ma | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site | | Governmental unit | | Environmental law, if you | Date of notice | | | |
| | Address (Number, Street, City, State and Z | IP Code) | Address (Number, Street, City, State and ZIP Code) | | know it | Date of House | | | |
| 25. | Have you notified any governmenta | al unit of a | ny release of hazardous material? | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and Z | IP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 26. | 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | |
| | No Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | | |
| Par | rt 11: Give Details About Your Bus | iness or Co | onnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for | bankruptcy | y, did you own a business or have ar | ıy of | the following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-en | ployed in | a trade, profession, or other activity, | eith | er full-time or part-time | | | | |
| | ☐ A member of a limited liabi | lity compa | ny (LLC) or limited liability partnersh | ıip (L | LP) | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or man | aging exec | cutive of a corporation | | | | | | |
| | <u></u> | | | | | | | | |
| | ■ No. None of the above applies | . Go to Pa | rt 12. | | | | | | |
| | _ | | | s. | | | | | |
| | Business Name | | Describe the nature of the business | | Employer Identification numbe | | | | |
| | Address (Number, Street, City, State and ZIP Code) | 1 | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. | | | | |
| | | | • | | Dates business existed | | | | |
| 28. | Within 2 years before you filed for institutions, creditors, or other par | | , did you give a financial statement | to ar | nyone about your business? Incl | ude all financial | | | |
| | No | fied any governmental unit of any release of hazardous mate in the details. Governmental unit Address (Number, Street, City, ZIP Code) In a party in any judicial or administrative proceeding under a finite details. Court or agency Name Address (Number, Street, City, State and ZIP Code) tails About Your Business or Connections to Any Business is before you filed for bankruptcy, did you own a business or proprietor or self-employed in a trade, profession, or other and the profession in a partnership incer, director, or managing executive of a corporation of a least 5% of the voting or equity securities of a corporation of the above applies. Go to Part 12. Cick all that apply above and fill in the details below for each be me Describe the nature of the business or other parties. Date Issued | | | | | | | |
| | ☐ Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | Date Issued | | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

| Debtor 1 | Gerald S. Bergold | |
|--|--------------------------------------|--|
| are true and cowith a bankrue 18 U.S.C. §§ 1 /s/ Gerald S Gerald S. B Signature of Date May Did you attack No Yes | Nancy C. Bergold | Case number (if known) |
| with a ban | | a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Geral | ld S. Bergold | /s/ Nancy C. Bergold |
| Gerald S | S. Bergold | Nancy C. Bergold |
| Signature | e of Debtor 1 | Signature of Debtor 2 |
| Date M | ay 17, 2018 | Date <u>May 17, 2018</u> |
| Did you at | tach additional pages to Your Stater | ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| □ Yes | | |
| | ay or agree to pay someone who is n | not an attorney to help you fill out bankruptcy forms? |
| ☐ Yes. Na | ame of Person Attach the Bank | kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this inforr | Fill in this information to identify your case: | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|
| Debtor 1 | Gerald S. Bergold | | | | | | | | |
| Debtor 2 (Spouse, if filing) | Nancy C. Bergold | | | | | | | | |
| United States E | Bankruptcy Court for the: Eastern District of New York | | | | | | | | |
| Case number | | | | | | | | | |
| | | | | | | | | | |

| Check | as directed in lines 17 and 21: | | | | | | | |
|-------|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ■ Not married. Fill out Column A. lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before 8.658.92 0.00 all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 \$ Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from rental or other real property \$

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1 Debtor 2 Description Debtor 2 Description Debtor 2 Description Descript | | | Case num | nber (<i>if known</i>) | | |
|--|--|--------------------------|-------------|--------------------------|------------------------|------------------------------|
| name, e. zergera | | _ | | , | | |
| | | | Column | Δ | Column B | |
| | | | Debtor 1 | | Debtor 2 on non-filing | |
| 7. Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 |
| 8. Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 |
| Do not enter the amount if you conter | nd that the amount received was | a honofit | Ψ | 0.00 | Ψ | <u> </u> |
| under the Social Security Act. Instead | | abenent | | | | |
| For you | | 0.00 | | | | |
| For your spouse | \$ | 0.00 | | | | |
| Pension or retirement income. Do not benefit under the Social Security Act. | | I that was a | \$ | 4,049.79 | \$ | 0.00 |
| Income from all other sources not Do not include any benefits received received as a victim of a war crime, a domestic terrorism. If necessary, list of total below. | under the Social Security Act or crime against humanity, or inte | payments rnational or | \$ | 0.00 | ¢ | 0.00 |
| | | | \$ | 0.00 | \$ \$ | 0.00 |
| Total amounts from concrete | nagas if any | | | 0.00 | \$ \$ | 0.00 |
| Total amounts from separate | e pages, ii ariy. | + | \$ | 0.00 | | 0.00 |
| Calculate your total average month each column. Then add the total for Column. | | | 12,708.71 | _ | 0.00 | = \$ 12,708.71 |
| | | | | | | Total average monthly income |
| Part 2: Determine How to Measure | Your Deductions from Income | | | | | |
| 12. Copy your total average monthly in 13. Calculate the marital adjustment. C | come from line 11. | | | | | \$12,708.71_ |
| ☐ You are not married. Fill in 0 bel | | | | | | |
| You are married and your spous | | N | | | | |
| ☐ You are married and your spous | , | ••• | | | | |
| Fill in the amount of the income dependents, such as payment or | listed in line 11, Column B, that | | | | | |
| Below, specify the basis for excladjustments on a separate page | | int of income de | evoted to e | ach purpos | e. If necessa | ry, list additional |
| If this adjustment does not apply | , enter 0 below. | _ | | | | |
| - | | \$ | | | | |
| | | | | | | |
| | | +\$ | | | | |
| Total | | \$ | 0 | 0.00 Co | py here=> | - 0.00 |
| 14. Your current monthly income. Su | btract line 13 from line 12. | | | | | \$12,708.71 |
| 15. Calculate your current monthly in | come for the year. Follow thes | e steps: | | | | |
| 150 Conviling 14 hors | | • | | | | \$ 12,708.71 |
| Multiply line 15a by 12 (the nu | | | | | | x 12 |
| 15b. The result is your current mor | othly income for the year for this | part of the form | າ | | | \$ <u>152,504.52</u> |

| Debtor Debtor | | Gerald S. Bergold Nancy C. Bergold | | Case number (if known) | | |
|------------------|-------|--|--|--|------------|--------------------|
| 16. | Calc | culate the median family income that applies to y | you. Follow these ste | DS: | | |
| | 16a. | . Fill in the state in which you live. | NY | | | |
| | 16b. | . Fill in the number of people in your household. | 5 | | | |
| | | Fill in the median family income for your state and | | | ¢. | 106,983.00 |
| | | To find a list of applicable median income amounts instructions for this form. This list may also be ava | s, go online using the | | Ψ | |
| 17. | How | v do the lines compare? | | | | |
| | 17a. | . ☐ Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| | 17b. | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcucopy your current monthly income from line | ulation of Your Dispo | | | |
| Part : | 3: | Calculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. | Сор | by your total average monthly income from line 1 | 1 | | \$ | 12,708.71 |
| | cont | luct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13. | married, your spouse 1 U.S.C. § 1325(b)(4 | e is not filing with you, and you allows you to deduct part of your | | |
| | | . If the marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| | | | | | | |
| | 19b. | . Subtract line 19a from line 18. | | | \$_ | 12,708.71 |
| 20. | Calc | culate your current monthly income for the year. | Follow these steps: | | | |
| | 20a. | . Copy line 19b | | | \$ | 12,708.71 |
| | | Multiply by 12 (the number of months in a year). | | | | x 12 |
| | | | | | | |
| | 20b. | . The result is your current monthly income for the y | ear for this part of the | form | \$ | 152,504.52 |
| | | | | | | |
| | | | | | | |
| | 20c. | . Copy the median family income for your state and | size of household from | m line 16c | \$ | 106,983.00 |
| | 24 | How do the lines compare? | | | | |
| | ۷۱. | How do the lines compare? | | | | |
| | | Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4. | se ordered by the cou | rt, on the top of page 1 of this form, cl | neck box 3 | 3, The commitment |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | lless otherwise ordere | ed by the court, on the top of page 1 of | this form, | check box 4, The |
| Part - | 4: | Sign Below | | | | |
| | By s | signing here, under penalty of perjury I declare that t | he information on this | statement and in any attachments is | true and c | correct. |
| X | /s/ | Gerald S. Bergold | x / | s/ Nancy C. Bergold | | |
| | | erald S. Bergold gnature of Debtor 1 | | Nancy C. Bergold Signature of Debtor 2 | | |
| 1 | _ | e May 17, 2018 | | Date May 17, 2018 | | |
| , | | MM / DD / YYYY | • | MM / DD / YYYY | | |
| | If yo | ou checked 17a, do NOT fill out or file Form 122C-2. | | | | |
| | If yo | ou checked 17b, fill out Form 122C-2 and file it with | this form. On line 39 of | of that form, copy your current monthly | income fi | rom line 14 above. |

| Fill in | this infor | mation to ide | entify your case | : : | | | | | |
|---------|------------------------------|----------------------------------|--------------------------------------|--------------------------------|---------------------|--|------------------|-----------------|----------|
| Debto | r 1 _ | Gerald S. B | ergold | | | | | | |
| Debto | r 2 se, if filing | Nancy C. Bo | ergold | | | | | | |
| ` ' | , 0, | , | rt for the: Easte | ern District of Ne | ew York | | | | |
| | number | , ., | | | <u> </u> | | | | |
| (if kno | - | | | | | | Check if this is | an amended | l filing |
| | ı Form 12 ı pter 1 | | ulation of | Your Dis | sposable | Income | | | 04/16 |
| | | | need your comp Form 122C-1). | leted copy of (| Chapter 13 Stater | nent of Your Current M | onthly Income | and Calculation | on of |
| расе | is needed | l, attach a sep | | his form, Inclu | de the line numb | gether, both are equally er to which additional i | | | |
| Part 1 | Calc | culate Your D | eductions from | Your Income | | | | | |
| the | questions | s in lines 6-15 | | S standards, ge | o online using th | for certain expense am e link specified in the s | | | |
| exp | enses if th | ey are higher | than the standar | ds. Do not inclu | de any operating e | pense. In later parts of the expenses that you subtrace's income in line 13 of F | cted from incom | | |
| If yo | our expens | ses differ from | month to month, | enter the avera | age expense. | | | | |
| Not | e: Line nui | mbers 1-4 are | not used in this | form. These nur | mbers apply to info | ormation required by a sin | milar form used | in chapter 7 ca | ses. |
| 5. | The num | nber of people | e used in detern | nining your de | ductions from inc | come | | | |
| | plus the | number of any | | ndents whom yo | | federal income tax retur imber may be different fr | | 5 | |
| Nat | ional Star | ndards | You must use | the IRS Nationa | al Standards to an | swer the questions in line | es 6-7. | | |
| 6. | | | other items: Usin | | | ed in line 5 and the IRS | National | \$ | 2,051.00 |
| 7. | the dollar people w | r amount for o ho are 65 or c | ut-of-pocket heal olderbecause ol | th care. The nuder people have | mber of people is | entered in line 5 and the split into two categories-wance for health car cost ne 22. | -people who are | under 65 and | |

Official Form 22C-2

| Debtor Debtor | | Nancy C. | Bergold Bergold | | | | | Case number (if | known | | | | |
|------------------|---------------|-------------------------------|--|---------------------------------|----------------------|---------------------------|-------------------|---------------------------------|-------|-----------|----------------|-----------------|---------------------|
| Pe | ople v | who are u | nder 65 years of age | | | | | | | | | | |
| | 7a. | Out-of-po | ocket health care allowance | e per person | \$ | 52 | | | | | | | |
| | 7b. | Number | of people who are under 65 | 5 | X | 5 | | | | | | | |
| | 7c. | Subtotal | I. Multiply line 7a by line 7b | | \$ | 260.00 | | Copy here= | > \$ | 2 | 60.00 | | |
| Pe | ople v | who are 6 | 5 years of age or older | | | | | | | | | | |
| | 7d. | Out-of-po | ocket health care allowance | e per person | \$ | 114 | | | | | | | |
| | 7e. | Number | of people who are 65 or old | der | Χ | 0 | | | | | | | |
| | 7f. | Subtotal. | Multiply line 7d by line 7e. | | \$ | 0.00 | | Copy here= | > \$ | | 0.00 | | |
| | 7g. | Total. Ac | dd line 7c and line 7f | | | | \$ | 260.00 | | Copy tota | al here=> | \$ | 260.00 |
| Loc | cal St | tandards | You must use the IRS Lo | cal Standards to | o answe | r the questi | ons in li | nes 8-15. | | | | | |
| | | | tion from the IRS, the U.S | S. Trustee Prog | gram ha | s divided t | he IRS | Local Standa | rd fo | r housin | g for | | |
| | Hous | sing and u | tilities - Insurance and or | perating expens | ses | | | | | | | | |
| | Hous | sing and u | tilities - Mortgage or rent | expenses | | | | | | | | | |
| | oarate Hou | e instructions in instruction | estions in lines 8-9, use to cons for this form. This chutilities - Insurance and ramount listed for your courtenance in the contract of the contract is the contract of the contract is the contract of the contract is the contract of the c | nart may also be operating expe | e availa enses: U | ble at the bushing the nu | ankrup mber of | otcy clerk's of people you e | fice. | J | | pecified | 832.00 |
| 9. | | | utilities - Mortgage or re | - | | poraulig on | | | | | | | |
| | 9a. | | e number of people you en | | | dollar amou | ınt | | \$ | 3,1 | 66.00 | | |
| | 9h | Total ave | erage monthly payment for | all mortgages a | nd other | debts secu | ired by | vour home | | | | | |
| | 00. | To calcul | late the total average mont lally due to each secured of uptcy. Next divide by 60. | hly payment, ad | dd all am | ounts that a | are | your nome. | | | | | |
| | | Name of | the creditor | | | verage mor ayment | nthly | | | | | | |
| | | Bank of | f America | | \$ | 2 | 99.43 | | | | | | |
| | | Seterus | s Inc. | | \$ | 2,3 | 03.67 | | | | | | |
| | | | 9b. Total average n | nonthly payment | t \$_ | 2,6 | 03.10 | Copy here=> | -\$_ | 2,0 | | Repeat to the 3 | this amount 33a. |
| | 9c. | Net mort | gage or rent expense. | | | | | | | | ٦ | | |
| | | | line 9b (<i>total average mon</i> xpense). If this number is l | | | 9a (<i>mortga</i> g | ge | \$ | 5 | 62.90 | Copy here=> | \$ | 562.90 |
| 10. | | | hat the U.S. Trustee Prog | | | | | | is in | correct a | and | \$ | 0.00 |
| | Ex | kplain why: | | | | | | | | | | | |

Gerald S. Bergold

| Debtor 1 Debtor 2 | | d S. Bergold y C. Bergold | | | | Case numbe | r (if known) | | |
|----------------------|-------------------|--|--|-----------------|-----------------------------------|---------------------------|-------------------------------|--|--------|
| 11. | Local tra | Insportation expense | s: Check the number of veh | icles for whi | ch you claim | an owners | ship or operatin | g expense. | |
| | □ 0. Go | to line 14. | | | | | | | |
| | ■ 1. Go | to line 12. | | | | | | | |
| | □ 2 or m | nore. Go to line 12. | | | | | | | |
| 12. | | | sing the IRS Local Standard | | | | | | 304.00 |
| 13. | You may | | xpense: Using the IRS Loca if you do not make any loar | | | | | | |
| Ve | hicle 1 | Describe Vehicle 1: | 2015 Ford Escape 36,0 | 000 miles | Subject to | Lease | | | |
| 13a. | . Ownershi | ip or leasing costs usir | ng IRS Local Standard | | | \$ | 497.00 | | |
| 13b. | Average | monthly payment for a | Il debts secured by Vehicle | 1. | | | | | |
| | Do not in | clude costs for leased | vehicles. | | | | | | |
| | are contra | | ly payment here and on line ecured creditor in the 60 mor | | | at | | | |
| | Nam | ne of each creditor fo | r Vehicle 1 | Average payment | | | | | |
| | For | d Motor Credit Cor | \$ | 371.26 | | | | | |
| | | Total <i>i</i> | Average Monthly Payment | \$ | 371.26 | Copy here => | -\$37′ | Repeat this amount on line 33b. | |
| 13c. | | cle 1 ownership or leas line 13b from line 13a. | e expense if this number is less than \$ | 0, enter \$0. | | \$ | 125.74 | Copy net Vehicle 1 expense here => \$ | 125.74 |
| Ve | hicle 2 | Describe Vehicle 2: | | | | | | | |
| 13d. | . Ownersh | ip or leasing costs usir | ng IRS Local Standard | | | \$ | 0.00 | | |
| 13e. | Average leased ve | | Il debts secured by Vehicle 2 | 2. Do not inc | clude costs fo | or | | | |
| | Nam | ne of each creditor fo | r Vehicle 2 | Average payment | - | | | | |
| | | | | \$ | | | | | |
| | | Total : | average monthly payment | \$ | | Copy here => -\$ | 0.0 | Repeat this amount on line 33c. | |
| 13f. | Net Vehic | cle 2 ownership or leas | e expense | | | | | Copy net | |
| | Subtract | line 13e from line 13d. | if this number is less than \$ | 0, enter \$0. | | | 0.00 | Vehicle 2 expense here => \$ | 0.00 |
| 14. | | | e: If you claimed 0 vehicles se allowance regardless of | | | | | in the | 0.00 |
| 15. | also dedu | uct a public transportat | on expense: If you claimed ion expense, you may fill in call Standard for <i>Public Tran</i> | what you be | ehicles in line lieve is the a | e 11 and if ppropriate | you claim that expense, but y | you may ou may \$ | 0.00 |

Gerald S. Bergold Debtor 1 Nancy C. Bergold Debtor 2 Case number (if known) Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 2.225.18 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 75.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 70.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 190.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 6,695.82 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or vour dependents. Health insurance Disability insurance 0.00 Health savings account 0.00 Total 0.00 Copy total here=> \$ 0.00 Do you actually spend this total amount? No. How much do you actually spend? 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses 0.00 may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

0.00

By law, the court must keep the nature of these expenses confidential.

| | Nancy C. Bergold | Case number (if kno | own) | | | |
|--|--|--|---|--------------------|------------------|--------------------|
| | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance and operat | ting expens | ses on | | |
| | If you believe that you have home energy of line 8, then fill in the excess amount of hon | costs that are more than the home energy costs included in energy costs | in expense | s on | | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must show that thary. | e additiona | al | \$_ | 0.0 |
| : | | dren who are younger than 18. The monthly expenses (rependent children who are younger than 18 years old to at | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and i | ation of your actual expenses, and you must explain why not already accounted for in lines 6-23. | the amour | nt | | |
| | * Subject to adjustment on 4/01/19, and ev | ery 3 years after that for cases begun on or after the date | of adjustn | nent. | \$ | 0.0 |
| | | the monthly amount by which your actual food and clothing allowances in the IRS National Standards. That amount is in the IRS National Standards. | | | | |
| | | tional allowance, go online using the link specified in the s so be available at the bankruptcy clerk's office. | separate | | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | \$_ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable organizations. | e amount that you will continue to contribute in the form of anization. 11 U.S.C. § 548(d)(3) and (4). | f cash or fi | nancial | | |
| ı | Do not include any amount more than 15% | of your gross monthly income. | | | \$_ | 200.0 |
| | Add all of the additional expense deducted Add lines 25 through 31. | tions. | | | \$_ | 200.00 |
| D I. | ections for Dobt Bormont | | | | | |
| 33. F | pans, and other secured debt, fill in lines | · · | | | | |
| 33. F Ic | or debts that are secured by an interest pans, and other secured debt, fill in lines | s 33a through 33e. ent, add all amounts that are contractually due to each se | | | | ge monthly |
| 33. F Ic | for debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home | s 33a through 33e. nent, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. | ecured | => | Average payments | ent |
| 33. F (| or debts that are secured by an interest pans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here | s 33a through 33e. ent, add all amounts that are contractually due to each se | ecured | => | | |
| 33. F Ic Tr cr | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles | s 33a through 33e. nent, add all amounts that are contractually due to each seankruptcy. Then divide by 60. | ecured | | | 2,603.10 |
| 33. F Ic T cr | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for backward with the form of t | s 33a through 33e. ent, add all amounts that are contractually due to each se inkruptcy. Then divide by 60. | ecured | => | \$\$ | 2,603.10 371.26 |
| 33. F Ic T cr | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for backward with the form of t | s 33a through 33e. nent, add all amounts that are contractually due to each seankruptcy. Then divide by 60. | ecured | => | | 2,603.10 |
| 33. F lo | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for backward with the form of t | s 33a through 33e. ent, add all amounts that are contractually due to each se inkruptcy. Then divide by 60. | ecured | => | \$\$ | 2,603.10 371.26 |
| 33. File (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | s 33a through 33e. lent, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | ecured | => nent | \$\$ | 2,603.10 371.26 |
| 33. Fice 13. Report 14. Report 15. Report 15 | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. ent, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr include tay or insuran | => nent | \$\$ | 2,603.10 371.26 |
| 33. File (1) (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest cans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. ent, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr | => nent | \$\$ | 2,603.10 371.26 |
| 33. For ice of i | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. Inent, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr include tax or insurand No | => nent | \$\$ \$\$ | 2,603.10 371.26 |
| 33. File (1) (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. Identify property that secures the debt | Does payr include tay or insuran | => nent | \$\$ \$\$ | 2,603.10 371.26 |
| 33. File (1) (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. Ident, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr include tax or insurand No | => nent | \$\$ \$ | 2,603.10 371.26 |
| 33. File (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. Ident, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr include tax or insurand No Yes | => nent | \$\$ \$ | 2,603.10 371.26 |
| 33. File (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymeditor in the 60 months after you file for band Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | s 33a through 33e. Ident, add all amounts that are contractually due to each seinkruptcy. Then divide by 60. Identify property that secures the debt | Does payr include tax or insurand No Yes No Yes | => => nent des ce? | \$ \$ \$ | 2,603.10 371.26 |

| | | ald S. Bergold cy C. Bergold | | | Ca | ase n | umber (<i>if known</i>) | | | |
|------------------------|--------------------------|---|---|--|---|------------|---------------------------|-----------------------------------|-------------|-----------|
| | | debts that you listed in lir property necessary for yo | | | | le, | | | | |
| | | Go to line 35. | | • | • | | | | | |
| | Yes. | State any amount that you listed in line 33, to keep polynext, divide by 60 and fill | ossession of your property | addition | n to the payments the <i>cure amount</i>). | | | | | |
| Name o | of the | creditor | Identify property that sec | cures the | debt | To | otal cure amount | | Monthly o | cure |
| | | | 12 Bentley Road Pl | lainviev | v, NY 11803 | | | | | |
| Seter | us Ir | ıc. | Nassau County | | | \$_ | 22,524.37 | | | 375.41 |
| | | | | | | \$ • – | | $\div 60 = \$$ $\div 60 = +\$$ | | |
| | | | | | ` | " _ | | | | |
| | | | | | Total | 1 \$ | 375.41 | Copy total here=: | - \$ | 375.41 |
| | | | | | | | | | | |
| that | are No. | owe any priority claims - spast due as of the filing d Go to line 36. Fill in the total amount of a | ate of your bankruptcy of all of these priority claims. | ase? 11 | U.S.C. § 507. | | | | | |
| | | ongoing priority claims, su | • | | | | | | | |
| | | Total amount of all past- | due priority claims | | | \$ | 0.00 | ÷ 60 | \$ | 0.00 |
| 36. Pro | jecte | d monthly Chapter 13 pla | n payment | | | \$ | 715.60 | <u></u> | | |
| Office the To fi | ce of Exec nd a li | nultiplier for your district as the United States Courts (f utive Office for United State st of district multipliers that inclu nstructions for this form. This lis | or districts in Alabama and es Trustees (for all other d udes your district, go online us | d North (istricts). ing the lin | Carolina) or by | X | 7.60 | □ c tt- | | |
| Ave | rage | monthly administrative exp | ense | | | | \$54.39 | Copy tota | | 54.39 |
| | | of the deductions for debes 33e through 36. | ot payment. | | | | | | \$ | 3,404.16 |
| Total D | educ | tions from Income | | | | | | | | |
| 38. Add | l all c | of the allowed deductions | | | | | | | | |
| Co ex | py lir pens | ne 24, All of the expenses a e allowances | llowed under IRS | \$ | 6,695.8 | 2 | | | | |
| | | ne 32, All of the additional e | | | 200.0 | 0 | | | | |
| | | ne 37, All of the deductions | | | 3,404.1 | 6 | _ | | | |
| То | tal de | eductions | | \$ | 10,299.9 | 8 | Copy total here=> | > | \$ | 10,299.98 |

| ebtor 1 | Gerald S. Ber | | | _ | | | | |
|--|---|---|----------------------------------|---|--------------------------|--|--------------------|-----------|
| ebtor 2 | Nancy C. Berg | gola | | Cas | e num | nber (<i>if known</i>) | | |
| art 2: | Determine Yo | ur Disposable Income Under 11 U.S.C. § 1 | 325(b |)(2) | | | | |
| | | rrent monthly income from line 14 of Form Current Monthly Income and Calculation | | | | | \$ | 12,708.71 |
| chi dis rec | Idren. The month ability payments a eived in accordan | bly necessary income you receive for supply average of any child support payments, for a dependent child, reported in Part I of Fonce with applicable nonbankruptcy law to the pended for such child. | oster c orm 12 | are payments, or 2C-1, that you | \$ | s0 | .00 | |
| em in 1 | ployer withheld fr | retirement deductions. The monthly total of com wages as contributions for qualified retire (a)(7) plus all required repayments of loans fro C. § 362(b)(19). | ement | plans, as specified | \$ | 1,112 | .48_ | |
| 42. Tot | al of all deducti | ons allowed under 11 U.S.C. § 707(b)(2)(A) |). Copy | y line 38 here=> | - \$ | 10,299 | .98_ | |
| exp the | enses and you hir expenses. You | cial circumstances. If special circumstances have no reasonable alternative, describe the sumust give your case trustee a detailed expladocumentation for the expenses. | special | l circumstances an | d | | | |
| Descri | be the special c | ircumstances | | Amount of expe | nse | | | |
| | | | (| \$ | | | | |
| | | | | \$ | | | | |
| • | | | | \$ | | - | | |
| | | Tota | ıl \$_ | 0.00 | | ppy re=> \$ | 0.00 | |
| 44. To t | tal adjustments. | Add lines 40 through 43. | | => | § | 11,412.46 | Copy here=> -\$ | 11,412.46 |
| 45. Ca | • | nthly disposable income under § 1325(b)(2 | 2). Sub | otract line 44 from l | ine (| 39. | \$ | 1,296.25 |
| hav tim you | ve changed or are e your case will b u filed your petitio | or expenses. If the income in Form 122C-1 e virtually certain to change after the date you be open, fill in the information below. For example, check 122C-1 in the first column, enter lind in when the increase occurred, and fill in the | u filed y mple, i e 2 in t | your bankruptcy pe if the wages reporte the second column | etitio ed ir ı, ex | n and during the acreased after | | |
| Form | Line | Reason for change | | Date of change | | Increase or decrease? | Amount o | f change |
| ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 | C-2 C-1 C-2 C-1 C-2 | | | | | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Increase ☐ Decrease ☐ Increase | \$ \$ | |
| 1 220 | C-2 | | | | | ☐ Decrease | \$ | |

| Debtor 1 Debtor 2 | | | Case number (if known) |
|----------------------|---|------|--|
| Part 4: | Sign Below | | |
| | By signing here, under penalty of perjury you declare that the info | | · |
| X | /s/ Gerald S. Bergold Gerald S. Bergold Signature of Debtor 1 | Х | Nancy C. Bergold Signature of Debtor 2 |
| Date | May 17, 2018 MM / DD / YYYY | Date | May 17, 2018 MM / DD / YYYY |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| In re | Gerald S. Bergold Nancy C. Bergold | | Case No. | |
|-------|---|--|---|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DE | EBTOR(S) |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 5,000.00 |
| | Prior to the filing of this statement I have received. | | \$ | 2,500.00 |
| | Balance Due | | | 2,500.00 |
| 2. 5 | 310.00 of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | n unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the state of the national control of the state of | | | |
| 6. | in return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | ets of the bankruptcy of | ase, including: |
| l | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credite [Other provisions as needed] Exemption planning; preparation and file | ement of affairs and plan which ors and confirmation hearing, a | h may be required; and any adjourned hea | rings thereof; |
| 7.] | By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis- any other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement fo | r payment to me for re | epresentation of the debtor(s) in |
| M | ay 17, 2018 | /s/ Richard L. St | | |
| D | ate | Richard L. Stern Signature of Attorn | ney | |
| | | Richard L. Stern 2950 Express Dr | | |
| | | Suite 109 | | |
| | | Islandia, NY 117 631-549-7900 F | 49 ax: 631-549-7845 | |
| | | Name of law firm | | |

United States Bankruptcy Court Eastern District of New York

| In re | Gerald S. Bergold Nancy C. Bergold | | Case No. | |
|-------|---------------------------------------|-----------|----------|----|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | May 17, 2018 | /s/ Gerald S. Bergold |
|-------|--------------|--------------------------------|
| | | Gerald S. Bergold |
| | | Signature of Debtor |
| Date: | May 17, 2018 | /s/ Nancy C. Bergold |
| | | Nancy C. Bergold |
| | | Signature of Debtor |
| Date: | May 17, 2018 | /s/ Richard L. Stern |
| | | Signature of Attorney |
| | | Richard L. Stern |
| | | Richard L. Stern, PC |
| | | 2950 Express Drive South |
| | | Suite 109 |
| | | Islandia, NY 11749 |
| | | 631-549-7900 Fax: 631-549-7845 |

USBC-44 Rev. 9/17/98

American Eagle Outfitters Credit Card Services PO Box 965006 Orlando, FL 32896-5006

American Express PO Box 1270 Newark, NJ 07101-1270

Bank of America PO Box 15025 Wilmington, DE 19886-5025

Bank of America PO Box 15019 Wilmington, DE 19886-5019

Bank of America, N.A. PO Box 15222 Wilmington, DE 19886-5222

Bank of America, N.A. PO Box 660694 Dallas, TX 75266-0694

Best Buy Credit Services PO Box 183195 Columbus, OH 43218-3195

Bethpage Federal Credit Union 899 S. Oyster Bay Rd. Bethpage, NY 11714-1030

Bethpage Federal Credit Union Mail Processing PO Box 127 Bethpage, NY 11714-0127

Credit Collection Srvs 725 Canton Street Norwood, MA 02062 Discover P.O Box 71084 Charlotte, NC 28272-1084

Discover Bank 6500 New Albany Road New Albany, OH 43054

Ford Credit PO Box 220564 Pittsburgh, PA 15257-2564

Ford Motor Credit Company P.O Box 62180 Colorado Springs, CO 80962

Forster & Garbus LLP 60 Motor Parkway PO Box 9030 Commack, NY 11725-9030

Gap Visa/GECRB PO Box 960017 Orlando, FL 32896-0017

Liberty Mutual P.O Box 55126 Boston, MA 02205-5126

Macy's PO Box 183083 Columbus, OH 43218-3083

Mercedes Benz Financial PO Box 77860 Fort Worth, TX 76177

Seterus Inc. P.O Box 1047 Hartford, CT 06143-1047

Target Card Services PO Box 660170 Dallas, TX 75266-0170

Victoria's Secret PO Box 659728 San Antonio, TX 78265-9728

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

| DEBTOR(S): | Nancy C. Bergold | CASE NO.: |
|--|---|---|
| | Local Bankruptcy Rule 1073-2(b), the debtor (or any other pases, to the petitioner's best knowledge, information and below. | |
| was pending at any t spouses or ex-spouse partnership and one have, or within 180 (| be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1 time within eight years before the filing of the new petition, a es; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are or more of its general partners; (vi) are partnerships which she days of the commencement of either of the Related Cases had estate under 11 U.S.C. § 541(a).] | nd the debtors in such cases: (i) are the same; (ii) are the general partners in the same partnership; (v) are a hare one or more common general partners; or (vii) |
| NO RELATED (| CASE IS PENDING OR HAS BEEN PENDING AT ANY T | TIME. |
| ☐ THE FOLLOWI | NG RELATED CASE(S) IS PENDING OR HAS BEEN PE | NDING: |
| | | |
| 1. CASE NO.: | JUDGE: DISTRICT/DIVISION: | |
| CASE STILL PEND | DING (Y/N): [If closed] Date of closing: | |
| CURRENT STATU | JS OF RELATED CASE:(Disabarged/overiting di | scharge, confirmed, dismissed, etc.) |
| MANNED IN MUH | , , | |
| | CH CASES ARE RELATED (Refer to NOTE above): | |
| | LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPE F RELATED CASE: | RTY") WHICH WAS ALSO LISTED IN |
| 2. CASE NO.: | JUDGE: DISTRICT/DIVISION: | |
| CASE STILL PEND | DING (Y/N): [If closed] Date of closing: | |
| CURRENT STATU | JS OF RELATED CASE: | |
| | (Discharged/awaiting di | scharge, confirmed, dismissed, etc.) |
| MANNER IN WHI | CH CASES ARE RELATED (Refer to NOTE above): | |
| | LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPE F RELATED CASE: | RTY") WHICH WAS ALSO LISTED IN |
| 3. CASE NO.: | JUDGE: DISTRICT/DIVISION: | |
| CASE STILL PEND | DING (Y/N): [If closed] Date of closing: | |
| | | |

Gerald S. Bergold

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|--|
| CURRENT STATUS OF RELATED CASE: | |
| (Disch | arged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NO. | TE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" SCHEDULE "A" OF RELATED CASE: | ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who be eligible to be debtors. Such an individual will be required to | have had prior cases dismissed within the preceding 180 days may not file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTOR | NEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New York (Y | Y/N):Y |
| CERTIFICATION (to be signed by pro se debtor/petitioner or description) | lebtor/petitioner's attorney, as applicable): |
| I certify under penalty of perjury that the within bankruptcy case as indicated elsewhere on this form. | e is not related to any case now pending or pending at any time, except |
| /s/ Richard L. Stern | |
| Richard L. Stern Signature of Debtor's Attorney Richard L. Stern, PC 2950 Express Drive South | Signature of Pro Se Debtor/Petitioner |
| Suite 109 Islandia, NY 11749 631-549-7900 Fax:631-549-7845 | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009